Home School Training Program

10535 Jones Road ● Houston, TX ● 77065 ● p. 281-664-6450 ● f. 281-664-6455 ● velocitysp.com/cyfair

Program Information:

Home School Training Program (AGES 6-14)

Days: Monday/Wednesday **Time:** 1:00 – 2:00 PM

Session Dates: ☐Aug. 31 - Sept. 30 ☐Oct. 5 - Oct. 28 ☐Nov. 2 - Nov. 25

Cost: ☐One child- $90 ☐Two children - $125 ☐Three children - $150 ☐Four or more children - $185

**We need athlete information for each child participating in the program.*

**Pro Rates are not available for missed training sessions

Athlete Information:

Athlete Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____ Email Address _____

Guardian's Name _____ Relationship to Athlete _____ Contact Number _____

Alternate Emergency Contact Name _____ Relationship to Athlete _____ Alternate Contact Number _____

Medical Information (list any medications, allergies or medical conditions) AND/OR Injuries _____

Payment Information

Amount Due: $_____

Payment Type (Select One)**:** ☐**Cash** ☐**Check** #:_____ **Credit Card:** ☐AMEX ☐VISA ☐MC ☐DISC

Name as it Appears on Card _____ Credit Card Number _____ Expiration Date _____

Program Release

For and in consideration of my son/daughter, _____, being accepted into the Velocity Sports Performance Camp as legal guardian of my child, I state and promise as follows. My child is mentally and physically capable of participating in the Camp. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone at the Camp shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of the Camp activities.

My child's participation is voluntary and I voluntarily permit my child to participate. I understand that participation in the Camp is an inherently dangerous activity and that the risk of participation include, but are not limited to, falls, collisions, cuts, and broken bones. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights and claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Velocity Sports Performance Franchise Systems and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city county and state governments for any and all injures sustained by me or my child arising out of association with, entry in, or participation in the Camp and any Camp activities. I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties are not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form. Velocity Sports Performance recommends that your child be examined by his/her physician before participating in the Camp. If my child has a history of heart disease, he/she will consult a physician prior to participating in the Camp.

I understand that there are no refunds on any camp/clinics unless VSP has to cancel a due to low participation.

Guardian Signature _____ Guardian Printed Name _____ Date _____